

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/796,435
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	First Named Inventor	Surajit Chaudhuri
	Group Art Unit	2163
	Confirmation Number	1860
	Examiner Name	Alford W. Kindred
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	301559.01

ENCLOSURES (check all that apply)		
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Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50- 0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT					
Signature		/Stephen C. Siu/		Reg. No. 48,303	
Name of Attorney or Agent				Stephen C. Siu	
Date	February 20, 2007	Tel.	(425) 704-0669	Facsimile No.	(425) 708-5046
Assignee Name:			MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:			22971		